



2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency
1200 Pennsylvania Ave, NW Washington, DC 20460

Note: This is a "smart form"; as you fill out the form, additional questions will appear that you will need to answer.

Permit Information

1. What action would you like to take? *

File a New Notice of Intent Form

Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in the Facility Operator Information section of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in the Permit Information section of this form. Submission of this NOI also constitutes notice that the operator identified in the Facility Operator Information section of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in the Facility Information section of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage.

Operator Name (Organization Name) *

DARIGOLD

Operator Name as Noted by the NOI Preparer

Darigold, Inc.

2. Select the state/territory where your facility is located *

ID

3. Is your facility located on Indian Country lands? *

☐ Yes

☒ No

4. Are you requesting coverage as a "federal operator" as defined in Appendix A? *

☐ Yes

☒ No

5. Are you a new discharger or a new source as defined in Appendix A? *

☐ Yes ☒ No

5a. Have stormwater discharges from your facility been covered previously under an NPDES permit? *

☒ Yes ☐ No

5aa. Provide your most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP 2008 or the NPDES permit number if you had coverage under an EPA individual permit *

IDR05A451

6. Do you directly discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding National Resource Water) (See Appendix L)? Your project will be considered to discharge to a Tier 3 water if the first water of the US to which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the US to which you discharge is the waterbody that receives the stormwater discharge from the storm sewer system. *

☐ Yes ☒ No

7. Does your facility directly discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permittee discharges to a Federal CERCLA site if the discharge flows directly into the site through its own conveyance, or through a conveyance owned by others, such as a municipal separate storm sewer system. *

☐ Yes ☒ No

8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required? *

☒ Yes ☐ No

9. By indicating "Yes", I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. *

☒ Yes ☐ No

10. Master Permit Number

IDR050000

A: Facility Operator Information

1. Operator Name (Organization Name) *

DARIGOLD

2. Street *

520 Albany Street

3. Supplemental Address

4. City *

Caldwell

5. State *

ID

6. ZIP Code *

83605

7. Facility County or Similar Govt. Subdivision *

Canyon

8. Phone (10-digits, No dashes) *

2084593687

9. Extension

10. E-Mail *

scott.algate@darigold.com

Operator point of contact information

11. First Name *

Scott

12. Middle Initial

13. Last Name *

Algate

14. Professional Title *

Sr. EHS Manager

B: Facility Information

1. Facility Name *

Darigold, Inc. - Caldwell Facility

☒ Facility address same as facility operator address

2. Street/Location *

520 Albany Street

3. Supplemental Address

4. City *

Caldwell

5. State *

ID

6. ZIP Code *

83605

7. Facility County or Similar Govt. Subdivision *

Canyon

Latitude/Longitude for the facility:

8. Latitude (Decimal Degrees) *

+

43.669119

9. Longitude (Decimal Degrees) *

-

116.688277

10. Latitude/Longitude Data Source *

Other

11. Horizontal Reference Datum

NAD83

12. What is the ownership type of the facility *

Privately Owned Facility

13. Estimated area of industrial activity at your facility exposed to stormwater (to the nearest quarter acre) *

6

Identify the applicable sector and subsector of your primary industrial activity (See Appendix D) that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in the MSGP, and the 4-digit Standard Industrial Classification (SIC) code or 2-letter Activity Code:

15. Sector *

SECTOR U: FOOD AND KINDRED PRODUCTS

16. Primary SIC Code *

2023: Dry, Condensed, Evaporated Products

17. Subsector

U3: Dairy Products

18. Identify the applicable sectors(s) of any co-located industrial activity for which you are requesting permit coverage.

Sector

Subsector

Add Sector

22. Is your facility presently inactive and unstaffed? *

☐ Yes☒ No

C: Discharge Information

Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID *

001a

B. Latitude (Decimal Degrees) *

+

43.6694

-

C. Longitude (Decimal Degrees) *

116.6888

Lookup Receiving Waters Information

Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

Lower Boise River - Middleton to Indian Creek

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

☒

Yes

☐

No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

NUTRIENTS

Pollutant *

Phosphorus, total [as P]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

TEMPERATURE

Pollutant *

Temperature, water deg. centigrade

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

☐

Yes

☒

No

Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID *

001b

+

B. Latitude (Decimal Degrees) *

43.6694

-

C. Longitude (Decimal Degrees) *

116.6888

Lookup Receiving Waters Information

Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? *

☐

Yes

☒

No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

Lower Boise River - Middleton to Indian Creek

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

☒ Yes ☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

PATHOGENS

Pollutant *

E. coli

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

SEDIMENT

Pollutant *

Sediment, suspended

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

☒ Yes ☐ No

TMDL Name *

Lower Boise River TMDL

TMDL ID

735

Pollutant Name *

e-coli;sediment

Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID *

002a

+

B. Latitude (Decimal Degrees) *

43.6688

-

C. Longitude (Decimal Degrees) *

116.6878

Lookup Receiving Waters Information

Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? *

☐ Yes ☒ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

Lower Boise River - Middleton to Indian Creek

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

☒ Yes ☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

NUTRIENTS

Pollutant *

Phosphorus, total [as P]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

TEMPERATURE

Pollutant *

Temperature, water deg. centigrade

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

☐ Yes

☒ No

Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID *

002b

+

B. Latitude (Decimal Degrees) *

43.6688

-

C. Longitude (Decimal Degrees) *

116.6878

Lookup Receiving Waters Information

Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? *

☐ Yes

☒ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

Lower Boise River - Middleton to Indian Creek

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

☒ Yes

☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

PATHOGENS

Pollutant *

E. coli

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

SEDIMENT

Pollutant *

Sediment, suspended

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

☒ Yes ☐ No

TMDL Name *

Lower Boise River TMDL

TMDL ID

735

Pollutant Name *

e-coli;sediment

Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID *

005a

+

B. Latitude (Decimal Degrees) *

43.6695

-

C. Longitude (Decimal Degrees) *

116.6880

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

☐ Yes ☒ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

Lower Boise River - Middleton to Indian Creek

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

☒ Yes ☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

NUTRIENTS

Pollutant *

Phosphorus, total [as P]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

TEMPERATURE

Pollutant *

Temperature, water deg. centigrade

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

☐ Yes ☒ No

Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID *

005b

+

B. Latitude (Decimal Degrees) *

43.6695

-

C. Longitude (Decimal Degrees) *

116.6880

Lookup Receiving Waters Information

Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? *

☐ Yes ☒ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

Lower Boise River - Middleton to Indian Creek

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

☒ Yes ☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

PATHOGENS

Pollutant *

E. coli

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

SEDIMENT

Pollutant *

Sediment, suspended

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

☒ Yes ☐ No

TMDL Name *

Lower Boise River TMDL

TMDL ID

735

Pollutant Name *

e-coli;sediment

Add Another Outfall

Provide the following information about your outfall latitude longitude.

5. Latitude/Longitude Data Source *

Other

6. Horizontal Reference Datum

NAD83

7. Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? *

☒ Yes ☐ No

7a. Provide the name of the MS4 Operator *

City of Caldwell

8. Do you discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water) (See Appendix L)? *

☐ Yes ☒ No

D: Stormwater Pollution Prevention Plan (SWPPP) Information

SWPPP Contact Information

1. First Name *

Scott

2. Middle Initial

3. Last Name *

Algate

4. Professional Title *

Sr. EHS Manager

5. Phone (10-digits, No dashes) *

2084201193

6. Extension

7. E-Mail *

scott.algate@darigold.com

8. Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information. *

Note: You are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.

☐ Option 1: Maintain a Current Copy of your SWPPP on an Internet page (Universal Resource Locator or URL).

☒ Option 2: Provide the following information from your SWPPP.

A. Describe your onsite industrial activities exposed to stormwater (e.g., material storage; equipment fueling, maintenance, and cleaning, cutting steel beams), and potential spill and leak areas. *

Loading and unloading of dry bulk materials or liquids
Outdoor storage of materials, products, or trucks
Dust or particulate-generating processes
Onsite waste treatment, storage, or disposal
Maintenance of stormwater drainage and treatment
Areas of Site Where Potential Spills/Leaks Could Occur

Trash compactor pad—leachate or hydraulic fluids (either from trash compactor or small dumpsters nearby)
Wastewater pretreatment area—wastewater, wastewater pretreatment system chemicals, or phosphoric-nitric acid
Paved parking area – vehicle fluids
Delivery area – dry bulk materials or liquids

B. List the pollutants(s) or pollutant constituent(s) associated with each industrial activity exposed to stormwater that could be discharged in stormwater and/or in any authorized non-stormwater discharges listed in Part 1.1.3. *

Industrial Activity Associated Pollutants

Loading and unloading of dry bulk materials or liquids - Wastewater pretreatment system chemicals
- Bulk cleaning chemicals
Outdoor storage of materials, products, or trucks - Phosphoric-nitric acid

- Wastewater pretreatment system chemicals

Dust or particulate-generating processes - Dust/sediment (from trucks entering/exiting gravel parking area)

Onsite waste treatment, storage, or disposal - General facility garbage

- Wastewater

- Leakage from trash compactor or small dumpsters (leachate or hydraulic fluids)

- Metals, oil, and grease from scrap metal storage

Maintenance of stormwater drainage and treatment - Sediment, debris, sludge, and trash

C. Describe the control measures you will employ to comply with the non-numeric technology-based effluent limits required in Part 2.1.2 and Part 8, and any other measures taken to comply with the requirements in Part 2.2 Water Quality-Based Effluent Limitations (see Part 5.2.4). *

Minimize Exposure

Good Housekeeping

Good Maintenance Practices

Spill Prevention and Response

Erosion and Sediment Controls

Management of Runoff

Indoor Storage of Salt

Minimize/Clean dust generation and truck track out

D. Provide a schedule for good housekeeping and maintenance (see Part 5.2.5.1) and a schedule for all inspections required in Part 4 (see Part 5.2.5.2). *

Good Housekeeping - Weekly trash removal, recycle metal removal when bins get full, road/parking areas cleaned on an as needed basis

Good Maintenance Practices - baghouses monitored daily, collection systems inspected monthly, items addressed immediately

Spill Prevention and Response - Spill kits inspected monthly, training conducted annually; SPCC items inspected monthly

Erosion and Sediment Controls - Inspected monthly

Minimize/Clean dust generation and truck track out - parking areas cleaned as needed.

Routine Facility Inspections conducted quarterly

Stormwater visual assessments conducted quarterly

Impaired waters monitoring conducted annually

E: Endangered Species Protection

1. Using the instructions in Appendix E of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit? *

Criterion C – Discharges and discharge-related activities are not likely to adversely affect listed species and critical habitat

2. Provide a brief summary of the basis for the criterion selected in Appendix E (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; implementation of controls approved by EPA and the Services). *

Completed and submitted Criterion C Eligibility Form per MSGP 2015 guidance and submitted 30 days prior to eNOI submission, which included communication with USFWS and NMFS review of affected areas.

a. What federally-listed species or federally-designated critical habitat are located in your "action area." *

Slickspot Peppergrass

b. Using the Criterion C Eligibility Form, check which of the following is applicable to your facility and answer any corresponding questions. *

- ☐ I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and agree to implement any controls that were determined by EPA to be necessary to ensure that my discharges and/or discharge-related activities will have no likely adverse affects on listed species and critical habitat.
- ☒ I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and have not been notified of any additional controls necessary to ensure no likely adverse affects on listed species and critical habitat.

Date your Criterion C Eligibility Form was sent to EPA (in DD/MM/YYYY format) *

28 Sep 2015

* Note: After you submit your NOI and before your NOI is authorized, EPA may notify you if any additional controls are necessary to ensure your discharges have no likely adverse affects on listed species and critical habitat.

F: Historic Preservation

1. If your facility is not located in Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe? *

☐ Yes ☒ No

2. Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.7 are you eligible for coverage under this permit *

Criterion A - No subsurface stormwater controls

Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. 40 CFR 122.22 (d)

Certifier E-Mail *

doug.pettinger@darigold.com

Form Action *

Approve